

SEIU District 1199 WV/KY/OH
ODMHAS Recovery Services

Agency Professional Committee Meeting
October 2021
Minutes

Union Attending:

Chad Lee, Executive Board Member, (ToCI)
Tara Watkins, Delegate (ORW)
Amanda Unger, Delegate (CCI)
Clifford Brown, Delegate (WCI)
Curtis Shaw, Delegate (WCI)
Ryan Cheesebrew, Delegate (CCI)
Geoff H. Davies, Coordinator SEIU1199

Management:

Laurie Spolarich, Labor Relations Administrator
John Sexton, Director of Recovery Services
Todd Viars, LRO Central Office

Union in bold>, Management responses in normal

Item 1: Current positions

Which positions are being filled, those not being filled, frozen positions, reasons why? We seem to have trouble filling positions. There are institutions that aren't filling, how long have they been open and should they have R&R.*

Management response: *Have 43 open. The reasons for openings are due to transfers, retirements, employee terminations and the creation of additional new positions. 8 positions are hold, 8 in process. the remaining 27 positions have been assigned priorities for hiring and are in process.* ". Some are in process, some are posted. Some have submitted applicants; some have interviews set up. We have reposted some positions at some places, but that is due to either not getting qualified applicants, some who were offered positions then turned the offers down. A lot depend on MHAS HR staff who are understaffed. We have to wait in line to get positions filled.

***Union Note: the union has requested these specific numbers in writing for clarity.**

Are we having trouble filling positions anywhere? Lucasville, Belmont?

Management response: *We've reposted a couple times, some because of unqualified applicants or some got offers and then turn it down due to other offers and we've had an uptick in probationary removals. There are 15 open TC positions, 7 in process, leaving 8 There are 6 positions on hold, from September 16 this year. Because didn't want to overwhelm HR staff. We do get application of positions and we do conduct interviews.*

We have no trouble getting applicants. Process waiting on backgrounds check, also we have new positions posted and just reposted and screening applications. Belmont had a transfer so will post that. Posting period closed yesterday, now closed HR will review apps and set interviews. Don't know if they

Commented [SJ1]: Need to expand on this. "We have reposted some positions at some places, but that is due to either not getting qualified applicants, some who were offered positions then turned the offers down."

Commented [SJ2]: Remove this part, it makes no sense with the non-standard abbreviations.

Commented [SJ3]: Should read "also we have new positions posted"

received applications, but we normally do so I am assuming they did. We generally don't have a high turnover rate, we don't have anywhere so remote there are no applicants.

Commented [SJ4]: Should read "received applications, but we normally do and so I am presuming they did"

We are struggling in the hospitals, it's across the board. But the process does take time. Some being delayed, e.g., background checks agency slow because covid absences. Central office does RS and OH pharm and hospitals.

Outcome and Actions: Union will request specific numbers and timeframes to see if there is a need per the contract to request Recruitment and retention supplement. Management responses indicate that there is no problem getting applicants, the problem seems to be processing them.

Item 2: Community linkage CPCs required to take a lunch of 30 minutes

Community Linkage work 8.5 hours and have to take 30 minute lunch whereas non CL CPCs work 8 and work through lunch, leading CPCs in the same institutions closing out and leaving before others. Perception of disparity. Some CL CPC would do the same with the opportunity.

Management response

Not all CL work in institutions. If this is happening on a regular basis then we can look at it, but I've not heard anything coming up from it. Are they working over, are they flexing, how often does it happen? We can def set something to talk about, but we'd need more specifics. Its always been this way since the transition from DRC to MHAS and its never been raised. Management not inclined to mix it up.

Outcome and Actions

Union will ask CL CPCs directly to see if there is a desire to change things and identify who and where it could be adjusted

Commented [SJ5]: ???

Item 3: SAMI program, closed vs open ended groups

- SAMI program facilitators are struggling with how SAMI works as an open ended group. Paperwork, record keeping, and they have concerns about how MH inmates have trust issues with adding and subtracting group members. Some CPC's are reticent to complain openly about this. But we have some disgruntled counsellors. Retention of inmates in it is down. Something isn't working right.
- There's difficulty in keeping track. With dual facilitators, you've got to have a strong one that's not in your control, its up to MH to the institution. It needs more support
- If we could make the paperwork easier to handle, because it's very lopsided on the RS facilitator. Both parties aren't equally invested, one party feels they can just walk away.

Management response

We'd have to have numbers on who is dropping out and why etc. Covid counts of course because can't move around etc., but we're willing to look into it. We don't always have participants who are as interested from MH

Outcome and Actions

Union will continue conversation with RS management offline and follow up on actions at next APC.

Item 4: TCU drug screens at CRC

There are several TCU's that are questionable with the scores. Example: an inmate who reported daily meth usage but was scored as a R0. This is happening very frequently. Unnecessary steps.

Management response:

This hasn't been brought up, we'll look into it. It's a self-report, it has a high reliability rating from outside agencies. You have to explain it doesn't count toward your record yet they still don't answer honestly. It may be a training issue for follow up.

Commented [SJ6]: Replace with "brought up".

Commented [SJ7]: Unsure of what you are attempting to say here.

Outcome and Actions:

Union will continue conversation with RS management and follow up on actions at next APC. Director Sexten to communicate directly with delegates to get more information and assess what, if any, changes are needed to the process.

Item 5: Ohio Chemical Dependency Professionals Board updates to educational requirements

From 9/27 CDPB October Update email: *"HB 5 passage allows any CDCA holder that has both continuously held an active certificate since at least December 31, 2008 and practiced chemical dependency counseling while under required supervision, to apply for LCDCII licensure without having to meet the requirement of holding a degree. It also is required there are no Board action for ethics violations on their CDCA."*

We are looking for some insight into the changes that have been made. It has led some current CPCs who jumped through hoops and paid money to get qualified disgruntled because its not necessary for new people now.

Management response:

Question for the Ohio Chemical Dependency Professionals Board. I'd encourage individuals to contact them and find out why. No other insight. It's a professional licensing board

Commented [SJ8]: Replace with singular "encourage".

Outcome and Actions:

None. OCDP Board is an independent agency

Item 6: Hazard Pay

Union discussion point: Hazard pay has been ended although the conditions in the prisons remain the same as they were during the emergency declaration. Members are required to wear masks again and numbers are rising. What is the criteria for hazard pay to be applied again?

Management response:

Not sure. We just had a hospital that got covid pts so they had to institute their isolation board. If we wanted to do hazard, we'd have to get approval. DRC would do the same, and if DRC did we'd ask the same. We follow DRC lead, this is a question for them.

Outcome and Actions:

Issue was raised at the ODRC APC on October 12. Their response was that it derives from the emergency declaration from the governor, then goes to DAS to be approved per Ohio Administrative Code, Rule 123:1-37-04. The Union maintains that the criteria have not changed since the end of the emergency declaration and will be taking it up with our elected representatives at the Statehouse.

Item 7: Covid leave

Same as above, members are having to take off due to delta and exposures, but the support has been taken away.

Management response:

Based on fed decision to extend to cover the pay, it expired end of last year. We extended it on a few months after that but its expired. If Feds put more out there we'd take it, but absent that...

Its routed and pushed at DAS level and approved/denied there. Things have changed – vaccine is now a factor reducing risk, and director today sent out the covid incentive for the vaccination. \$100 vaccination bonus, get on it. If we get to 65% we all get \$300. If get to 85% by Nov 15% which is not that far off - \$600. What's that number?

What about members who were vaccinated before the incentive came out?
You can send it in if vaccinated before. Just send the card and self-attestation form.

What's the numbers? Actual number needed?
RS have over 70% - but fewer have submitted the paperwork. RS is part of OHMAS overall number.

Note: Information requested by the Union from the Office of Collective Bargaining show ODHMAS to be at 41% and DRC to be at 23%. These number have a lag time to them so they are not real time.

Outcome and Actions: The Union maintains that the criteria have not changed since the end of the emergency declaration and will be taking it up with our elected representatives at the Statehouse.

Item 8: Supervisor Complaints

Delegates are seeing an increasing number of complaints from staff about treatment from supervisors, more than usual. NERC, PCI, MaCI. Seems to be an uptick. They take it to the regionals who either redirect it or do nothing and just allow it

Management response:
If its RS then it doesn't need an DRC1000, just an email. I tell very staff we hire that they can contact us.

How do members report if they know it's going to get back to my boss through my boss's boss's boss?
Concern about retaliation.

I'm fine with members reporting it to delegates to take up the chain. If it's yours I will ask if you've brough it up with your supervisor or regional. If they have great, if not they should start there.

Outcome and Actions:
If you feel you are being treated unfairly in anyway you should report it either through the chain of command or directly to Director Sexten. You may also go through your union delegate.